

# Disclosure Report Cover

Amendment

☐ Yes☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

## 1. Committee Information

a. Full Name

c. ID Number

Committee to Elect Brenda Byrd McMillon

b. Mailing Address (include City, State and Zip Code)

d. Date Filed

3913 Widgeon Way  
Waxhaw, N.C. 28173

e. Phone Number

2. Report Year

3. Period Start Date (mm/dd/yy)

4. Period End Date  
(mm/dd/yy)

5. Treasurer Full Name

10/26/2017

12/31/17

Brenda Byrd McMillon

6. Type of Committee (Check One)

- ☐ Candidate Campaign  
☐ PAC  
☐ Independent Expenditure  
☐ Legal Expense Fund  
☐ Party  
☐ Referendum  
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"  
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Brenda Byrd McMillon

Printed Name of Signer

Brenda Byrd McMillon

Signature of Appointed Treasurer

1-26-2018

Date

## FOR OFFICE USE ONLY

Date Received:

1/26/18

Employee:

Klaumin

Date Postmarked:

N/A

Employee:

Klaumin

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed  
☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment

☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

|   |  |                                    |  |                                  |  |
|---|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                              |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| Committee to Elect Brenda Byrd McMillon   |  |                                    |  |                                  |  |
| <b>Start of Election Cycle:</b> January 1, _____                                    |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| <b>4) Cash on Hand at Start</b>   |  | \$                                 |  | \$                               |  |
| <b>RECEIPTS</b>   |  |                                    |  |                                  |  |
| <b>5) Aggregated Contributions from Individuals</b> (CRO-1205)                      |  | \$                                 |  | \$                               |  |
| <b>6) Contributions from Individuals</b> (CRO-1210)                                 |  | \$ 152.76                          |  | \$ 2,470.72                      |  |
| <b>7) Contributions from Political Party Committees</b> (CRO-1220)                  |  | \$                                 |  | \$                               |  |
| <b>8) Contributions from Other Political Committees</b> (CRO-1230)                  |  | \$                                 |  | \$                               |  |
| <b>9) Loan Proceeds</b> (CRO-1410)  |  | \$                                 |  | \$                               |  |
| <b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)                       |  | \$                                 |  | \$                               |  |
| <b>11) Other Receipt Sources</b>  |  |                                    |  |                                  |  |
| <b>11a) Interest on Bank Accounts</b> (CRO-1250)                                    |  | \$                                 |  | \$                               |  |
| <b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)              |  | \$                                 |  | \$                               |  |
| <b>11c) Outside Sources of Income</b> (CRO-1250)                                    |  | \$                                 |  | \$                               |  |
| <b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)                           |  | \$                                 |  | \$                               |  |
| <b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)                                 |  | \$                                 |  | \$                               |  |
| <b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$ 152.76                          |  | \$ 2,470.72                      |  |
| <b>EXPENDITURES</b>   |  |                                    |  |                                  |  |
| <b>13) Disbursements</b>  |  |                                    |  |                                  |  |
| <b>13a) Operating Expenditures</b> (CRO-1310)                                       |  | \$                                 |  | \$                               |  |
| <b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)             |  | \$                                 |  | \$                               |  |
| <b>13c) Coordinated Party Expenditures</b> (CRO-1310)                               |  | \$                                 |  | \$                               |  |
| <b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)                             |  | \$                                 |  | \$                               |  |
| <b>15) Loan Repayments</b> (CRO-1420)   |  | \$                                 |  | \$                               |  |
| <b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)                     |  | \$                                 |  | \$                               |  |
| <b>17) In-Kind Contributions</b> (CRO-1510)   |  | \$ 152.76                          |  | \$ 2,470.72                      |  |
| <b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$                                 |  | \$                               |  |
| <b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18) |  | \$ 0                               |  | \$ 0                             |  |
| <b>ADDITIONAL INFORMATION</b>   |  |                                    |  |                                  |  |
| <b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)                  |  | \$                                 |  |                                  |  |
| <b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)           |  | \$                                 |  |                                  |  |
| <b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)                   |  | \$                                 |  |                                  |  |
| <b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)                   |  | \$                                 |  |                                  |  |
| <b>24) Account Transfers Within the Committee</b> (CRO-1720)                        |  | \$                                 |  |                                  |  |
| <b>25) Administrative Support</b> (CRO-1710)  |  | \$                                 |  | \$                               |  |
| <b>26) Forgiven Loans</b> (CRO-1440)  |  | \$                                 |  | \$                               |  |
| <b>27) 48-Hour Notice Reports Sum</b> (CRO-2220)                                    |  | \$                                 |  | \$                               |  |
| <b>28) Contributions to be Refunded</b> (CRO-1215)                                  |  | \$                                 |  | \$                               |  |

# Contributions from Individuals

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Amendment  
☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |                  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Committee to Elect Brenda Byrd-Memillon  |                        |                           |  |                             |                                |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                     |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                   |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Lucius Memillon<br>3913 Widgeon way<br>Waxhaw, N.C. 28173  |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           |  |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$                             |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   |                        | credit card               | walking cards                            | 11/01/2017                  |                                | \$ 152.76        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                     |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                   |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
|  |                        |                           |  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           |  |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$                             |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                     |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                   |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| <div style="text-align: center;"> <b>RECEIVED</b><br/> <b>JAN 26 2018</b><br/> Union Co. Board of Elections </div> |                        |                           |  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           |  |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$                             |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 152.76                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)           |                        |                           |  |                             | \$ 152.76                      |                  |

# In-Kind Contributions

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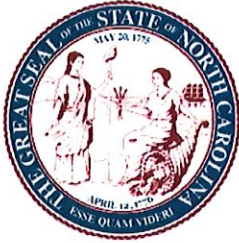
Amendment

☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|  |  |   |                                |
|--|--|---|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |  | <b>2. ID Number</b>   |                                |
| Committee to Elect<br>Brenda Byrd-McMillon   |  |   |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>b. Type of Contributor</b>   | <b>c. Comments</b>             |
| Lucius McMillon<br>3913 Widgeon Way<br>Waynes, N.C. 28173  |  | <input type="checkbox"/> Individual   |                                |
|  |  | <input type="checkbox"/> Candidate  |                                |
|  |  | <input type="checkbox"/> Party  |                                |
|  |  | <input type="checkbox"/> PAC  |                                |
|  |  | <input type="checkbox"/> Referendum   | <b>d. Election Sum to Date</b> |
|  |  | <input type="checkbox"/> Other Receipt Source   | \$                             |
| <b>e. Description</b>  |  | <b>f. Date (mm/dd/yyyy)</b>   | <b>g. Fair Market Amount</b>   |
| Walking cards  |  | 11/01/2017  | \$ 152.76                      |
|  |  |   | \$                             |
|  |  |   | \$                             |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>b. Type of Contributor</b>   | <b>c. Comments</b>             |
|  |  | <input type="checkbox"/> Individual   |                                |
|  |  | <input type="checkbox"/> Candidate  |                                |
|  |  | <input type="checkbox"/> Party  |                                |
|  |  | <input type="checkbox"/> PAC  |                                |
|  |  | <input type="checkbox"/> Referendum   | <b>d. Election Sum to Date</b> |
|  |  | <input type="checkbox"/> Other Receipt Source   | \$                             |
| <b>e. Description</b>  |  | <b>f. Date (mm/dd/yyyy)</b>   | <b>g. Fair Market Amount</b>   |
|  |  |   | \$                             |
|  |  |   | \$                             |
|  |  |   | \$                             |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>b. Type of Contributor</b>   | <b>c. Comments</b>             |
|  |  | <input type="checkbox"/> Individual   |                                |
|  |  | <input type="checkbox"/> Candidate  |                                |
|  |  | <input type="checkbox"/> Party  |                                |
|  |  | <input type="checkbox"/> PAC  |                                |
|  |  | <input type="checkbox"/> Referendum   | <b>d. Election Sum to Date</b> |
|  |  | <input type="checkbox"/> Other Receipt Source   | \$                             |
| <b>e. Description</b>  |  | <b>f. Date (mm/dd/yyyy)</b>   | <b>g. Fair Market Amount</b>   |
| <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">JAN 26 2018</div> <div style="font-size: 1em;">Union Co. Board of Elections</div> |  |   | \$                             |
|  |  |   | \$                             |
|  |  |   | \$                             |
| <b>4. Total only this Page</b>   |  | <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |                                |
|  |  | \$ 152.76   |                                |
|  |  | \$ 152.76   |                                |



# NORTH CAROLINA

State Board of Elections & Ethics Enforcement

## Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

### FILED BY:

Committee Name: Committee to Elect Brenda Byrd-McMillon

Treasurer Name: Brenda Byrd McMillon

Treasurer Address: 3913 Widgeon Way

(include city, state, & zip) Waxhams, N.C. 28173

Treasurer Phone: 704-561-1091

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1-26-2018  
Date Signed

Brenda Byrd McMillon  
Signature

RECEIVED

JAN 26 2018

Union Co. Board of Elections